

# Unannounced Care Inspection Report 22 October 2018



## Maybrook Adult Training Centre

**Type of Service: Day Care Service**  
**Address: 149 Racecourse Road, Derry, BT48 8NG**  
**Tel No: 028 7135 3754**  
**Inspector: Marie McCann**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Maybrook Adult Training Centre is a Day Care Setting with up to 75 places that provides care and day time activities from Monday to Friday for adults with varying degrees of learning disability needs. Some service users also require support due to sensory needs, dementia and physical disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust (WH SCT) <b>Responsible Individual(s):</b> Anne Kilgallen	<b>Registered Manager:</b> Nicola Cooke - application received - "registration pending".
<b>Person in charge at the time of inspection:</b> Nicola Cooke	<b>Date manager registered:</b> As above
<b>Number of registered places:</b> 75	

### 4.0 Inspection summary

An unannounced inspection took place on 22 October 2018 from 10.10 to 17.20.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation staff training, risk management, collaboration with the multiprofessional team and contemporaneous record keeping. Further areas of good practice were also noted in regards to governance arrangements, the culture and ethos of the day care setting, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to assessment and care planning, maintenance of progress records and involvement of service users in their review process.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Nicola Cooke, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 20 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 March 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection on 20 March 2018
- unannounced care inspection report and quality improvement plan from 20 March 2018

During the inspection the inspector met with the manager, four staff, and two service users' relatives. Introductions were made to service users during the course of a walk around the setting; with individual interaction with three service users.

The following records were examined during the inspection:

- Elements of three service user's' care records.
- Induction template for staff nurses.
- Induction record and profile for an agency staff member.
- A sample of service users' daily records.
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments from March 2018.
- Staff roster information from 8 October 2018 to 19 October 2018.
- Fire safety precautions.
- A sample of minutes of staff meetings for May 2018, August 2018 and September 2018.
- The day centre's record of incidents and accidents for June 2018 and October 2018.
- A sample of monthly quality monitoring visit reports from March 2018 to September 2018.
- Annual Review of Quality of Care Report.
- The Statement of Purpose 2018.
- Service User Agreement
- Service User Guide.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; two responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; five relatives' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in an appropriate position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 20 March 2018**

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 20 March 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26(2)(a)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 30 September 2018</p>	<p>The registered provider must ensure that the facilities within Maybrook Adult Training Centre are suitable in size, layout and equipment, for staff to meet the needs of service users, particularly in the areas designated for continence care.</p> <p>Ref: 6.2</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the environment confirmed the presence of a newly refurbished range of communal bathrooms/toilets accessible to all</p>	

	<p>service users. With regards to toileting facilities located within the Osprey unit, the manager confirmed following the inspection that while works are planned to refurbish this area, a date for commencement is not known. However, feedback from the manager during and following the inspection provided assurance that the toileting facilities within the Osprey unit are suitable for the assessed needs of service users. No concerns were expressed by the manager, staff, service users or relatives in relation to effective access to areas used for continence care. It was agreed with the manager that a person centred approach must be maintained throughout all aspects of care delivery and in a manner which safeguards and promotes the dignity and privacy of service users at all times.</p>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 3.2 <b>Stated:</b> Second time <b>To be completed by:</b> 31 May 2018	<p>The registered provider should ensure that the format and content of the Service User's Contract/Agreement document is developed to increase the accessibility of this information to service users.</p> <p>Ref: 6.2</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of the Service User Guide evidenced that it had been developed to increase the accessibility of this information to service users. The Service User Contract was subsequently improved post inspection and was forwarded to RQIA.</p>	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 May 2018	<p>The registered person shall ensure the provision of a role specific induction for registered nurses.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b>  The inspector reviewed records which confirmed that a specific induction was in place for the role of registered nurses within the day care setting.</p>	<b>Met</b>

<b>Area for improvement 3</b> <b>Ref:</b> Standard 9.5 <b>Stated:</b> First time <b>To be completed by:</b> 31 May 2018	The registered person shall ensure that service users are enabled to participate in the activities of their choice by the provision of suitable equipment. Consideration should be given to the provision of a computer for use by the identified service user.  Ref: 6.6	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that the identified service user now has access to a computer. Works are also due to commence to adapt a store room into a computer room.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The inspector reviewed the day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

Discussions with the manager and staff confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed care needs of service users and ensure service users were safe. However, staff advised that they have requested a review of staffing levels in the day care setting to enable staff to be able to fulfil activity programmes, which on occasions, have to be reviewed or changed if staffing numbers are reduced due to unplanned staff absences. The manager confirmed that this review is due to be undertaken in conjunction with senior management. The manager was able to describe measures that would be taken to help ensure that appropriate staffing levels are achieved in order to ensure that the safety and wellbeing of service users is maintained. A review of a sample of rota information showed the planned staffing levels in each room and noted that these were subject to review which the manager advised occurred when managing staff absences or changes in service users' needs or numbers. In addition, the manager stated that emphasis is placed upon endeavouring to provide a consistent staff group who know the service users and have the relevant knowledge and skills to support them. On occasions when agency staff are needed, the same staff are requested.

The manager confirmed that staff employment records were held within the WHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. Discussion with the manager confirmed that there had been no newly recruited permanent staff in the day centre since the last inspection. However, there are a number of agency staff members currently working in the setting to cover staff vacancies and staff leave. A review of two agency staff records

confirmed that agency staff received an induction in the day centre and in addition to training received by the agency, they also attended relevant training within the day centre.

The manager was in the process of completing a staff training plan to identify and plan for updates in respect of mandatory training during the inspection. This completed plan was shared with RQIA post inspection and provided evidence that staff received mandatory training relevant to their roles and responsibilities and that update training was booked as part of an ongoing training programme, as required. Discussion with the manager and staff on the day of inspection established that they considered that the training provided was of a good quality and enabled them to fulfil their roles and responsibilities.

The day care setting's governance arrangements in place that identify and manage risk were inspected. All incidents and accidents are recorded on an electronic system which are reviewed and audited by the manager, senior manager and the WHSCT governance department. A review of the incidents and accidents for June 2018 and October 2018 identified that the majority of these were managed appropriately and had been routinely reported to the service user's community key worker, relatives, carers and representatives, as was appropriate. However, it was noted on one occasion that while the next of kin of a service user had been informed of an incident, the staff had not informed the relevant HSCT keyworker as required. It was emphasised that all relevant persons should be informed following any reportable incident and it was agreed with the manager that this would be actioned.

The manager spoke in a knowledgeable manner about managing risks to service users' wellbeing while maintaining their human rights, namely, ensuring that any intervention is the least restrictive as possible and agreed in partnership with the service user, their relatives and the multi-disciplinary team. In addition, the manager advised that each service user has a restrictive practice risk assessment in place due to the presence of a keypad system on the day care setting front door, which is operational on occasions. A sample of records verified this was in place. A review of the arrangements in place for a specific service user identified that the multi-disciplinary assessment which provided advice and guidance to care and a practice which is deemed restrictive provided within the day care setting had not been reviewed since 2015. The inspector requested that the day care staff liaise with the multi-disciplinary team and next of kin as appropriate to ensure that this assessment is reviewed and the service user's care plan updated accordingly. The inspector emphasised the importance of ensuring that any practices deemed as restrictive should be reviewed regularly to ensure that such interventions remain person centred, necessary and proportionate. The manager agreed to action this.

Service users who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Observation of and discussion with staff on duty demonstrated they had a clear understanding of service users' needs and how those needs should be met. They were observed promoting service users' independence as appropriate, while being aware of the importance of keeping service users safe and remaining fully aware of potential risks for each service user. Staff demonstrated awareness of need to continually risk assess to ensure service users are safe when participating in outings or engaging in activities within the setting.

Observation of the environment confirmed that it was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions.

Discussion with the manager confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the unit, “seven step” hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall in various locations. Staff had effective access to gloves and aprons, as required. The inspector noted a small number of toiletries such as shower gels and creams in bathrooms on the day of inspection. The inspector advised that such items should be removed and stored appropriately for use by specific service users when needed, to promote effective infection prevention control measures and remove any potential risk of service users ingesting such items. The manager confirmed post inspection that this had been discussed with the staff team and actioned.

A review of governance records relating to weekly fire alarm tests confirmed that these had been conducted every week since September 2018; however, it was noted that staff had not completed such checks every week for the period May 2018 to August 2018. It was stressed that robust governance measures should be in place which ensure that any necessary environmental fire safety checks are completed within expected timescales. The manager confirmed a fire risk assessment was completed on 17 August 2018 with no actions required. The date of the last fire drill was the 15 November 2017 and the manager advised another drill was now being planned. This will be reviewed at the next inspection.

Discussion with two relatives and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Staff comments:

- “Training is very good.”
- “Safety of service users is a priority.”

Relatives’ comments:

- “I have no concerns regarding the place.”
- “Staff are very good.”

Four returned relatives’ questionnaires indicated that respondents were very satisfied that care provided to service users was safe. One relative commented: “I feel there is not enough if any physio care at centre, have spoken to those concerned about lack of this without any result.” One relative response did not verify if they were satisfied or dissatisfied that the care provided was safe and commented: “Communication in diaries, needs to include staff change, daily schedule change and how this is communicated to the service user.” This feedback was shared with manager for their consideration and action, as appropriate.

Two returned staff questionnaires indicated that one respondent was very satisfied and one respondent was satisfied that care provided to service users was safe.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training and risk management.

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Three service users' individual files were inspected. A range of service users' information was evident, namely; assessments, risk assessments, individual care plans, behavioural support plans and service user agreements. The majority of these documents had been reviewed by staff. However, review of these three care records and discussion with the manager also highlighted that there was no structured or consistent approach for ensuring the holistic assessment and care planning of service users' needs. For instance, while discussion with the manager provided assurance that staff possessed good awareness of the care needs of one diabetic service user, the service user's care record lacked any relevant assessment/care plan information in regards to the management of the service user's diabetes. This was highlighted to the manager who stated that the service was implementing a new assessment and care planning document which would be used for all service users and help ensure a consistent approach to record keeping. This document would contain essential information about service users and would also reference supplementary and multiprofessional information as appropriate. Two areas for improvement were made in this regard. Governance arrangements in relation to the auditing of care records are discussed in section 6.7.

A review of a sample of progress care records for three service users' files highlighted an inconsistency in the standard of the records. For instance, the inspector noted that the progress records of one service user focused exclusively on routine nursing interventions carried out by staff and provided no effective record of the service user's day care experience, activities engaged in and assessed outcomes. In addition, care recording by staff for every five attendances had not been maintained within one of the care records inspected. An area for improvement was made in this regard.

Service users had access to an annual day care review; however, a review of a sample of service users' annual care review records highlighted limited detail with regards to service users' views and opinions. The need to ensure that such information is sought and clearly recorded as part of a person centred annual review process was emphasised. An area of improvement was made in this regard.

Discussion with the manager confirmed that they wished to continue to review and improve communication strategies with service users. The manager recognised the need for identifying

areas for learning and development, improving the quality of the service provided and providing better outcomes for service users. A number of service users are currently using the TEACCH (Teaching, Expanding, Appreciating, Collaborating, Cooperating and Holistic) programme and the manager is in the process of securing additional staff training to extend the availability of the programme within the day care setting. The inspector discussed the Royal College of Speech and Language Therapists Five Good Communication Standards (2013), which is a practical resource which can support service providers to recognise what good communication looks like, whether good communication is happening and detail useful resources to promote good communication. The manager agreed to review these standards to identify any best practice examples that could be implemented in the day centre.

Staff demonstrated a comprehensive knowledge of individual services users' needs and behaviours and confirmed that a person centred approach underpinned their practice. They accurately described how they would escalate any concerns and provided examples of liaison with carers and other professionals to ensure the safety and wellbeing of service users. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the agency's whistleblowing policy and were able to access it.

Discussion with two relatives and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Staff comments:

- "There is good communication between staff team."
- "We know service users really well and are able to communicate and understand non-verbal cues."

Relatives' comments:

- "There is always good communication."
- "They (staff) have changed xxxx life."
- "I've never had to make a complaint but would have no problem talking to any of the staff."
- "The place is great, I'm only too happy to tell anyone who visits, by changing xxxx life they have changed my whole family's life."

Two returned relatives' questionnaires indicated that respondents were very satisfied and two respondents indicated that they were satisfied that care provided to service users was effective. One relative commented: "The staff in Maybrook provide a professional and caring environment for my relative. All of their needs are met and there is good communication between the centre and myself when required." One relative response did not verify if they were satisfied or dissatisfied that the care provided was effective.

Two returned staff questionnaires indicated that one respondent was very satisfied and one respondent was satisfied that care provided to service users was effective.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team and staff knowledge regarding service users needs.

## Areas for improvement

Four areas for improvement were identified during the inspection in relation to assessment and care planning, maintenance of progress records and involvement of service users in their review process.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussion with service users, staff and observation of interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence. Service users were observed relating positively to staff and each other. The atmosphere was relaxed and there was evidence of genuine affection between service users and staff. Those service users who were independently mobile were observed moving freely around the day centre, with several service users noted to routinely enter the manager's office to engage with the manager.

Discussion with staff demonstrated that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice. Staff acknowledged the need to ensure consent is obtained and that confidentiality is upheld. They discussed how they adapt to ensure consent is obtained with service users who have limited verbal communication. Staff were observed to be attentive to service users and they were able to understand service users with minimal verbal communication through recognition of non-verbal cues and gestures and respond appropriately.

Discussion with, and observation of service users and staff confirmed that service users had access to a variety of activities to suit individual needs. The manager confirmed that varied activity programmes were provided for each of the eight individual rooms as outlined within the Statement of Purpose but changes can occur at the request of service users or as change in needs requires.

Staff also support service users' involvement in activities within the wider community, including outings for coffee, lunch and shopping, participation in swimming and trampolining was also noted to be a popular activity. This was confirmed by a relative during the day of inspection.

For those service users who were able to communicate with the inspector, positive feedback was given regarding the activities and opportunities the day centre provided for them. The inspector also viewed a selection of service users' life books which contained memories of their experiences and activities in the day centre.

Staff confirmed that they felt that a good quality of care was provided at all times

The manager advised that the user forum group meets quarterly; this was verified from a review of minutes of meetings in February 2018, May 2018 and August 2018. It was positive to note in the May 2018 meeting, an amended service users' guide was shared with service users for consultation and they were informed regarding the recruitment of the new manager. An improved template has been devised for the meetings and is available for use at the next meeting. This will be reviewed at the next care inspection.

Discussion with two relatives and staff evidenced that they felt the care provided was compassionate. No areas of dissatisfaction were expressed by service users. The following is a sample of comments made:

Staff comments:

- "I love the job."
- "Equality of opportunity is important, we ensure activity programmes are diverse, and maintain links and build relationships within the local community."
- "Service users are always on outings, visiting café and shops, going swimming and trampolining."

Relatives' comments:

- "Staff are always so friendly."
- "Xxxx trusts the staff, there are no raised voices."
- "Xxxx is given choice and space, xxxx no longer presents with anxiety or distress as they had previously done before coming to day centre."
- "Xxxx goes swimming, trampolining, shopping and bowling, so many different activities."

Four returned relatives' questionnaires indicated that respondents were very satisfied that care provided to service users was compassionate. One relative commented: "I am always quite happy with my relative's care... I feel (staff member)...and (staff member) are very good and kind and easy to talk too." One relative response did not verify if they were satisfied or dissatisfied that the care provided was compassionate.

Two returned staff questionnaires indicated that both respondents were very satisfied that care provided to service users was compassionate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspection assessed the day centre's arrangements and governance systems in place to meet the needs of service users and drive quality improvement. The current registration certificate was up to date and displayed appropriately. The day centre is managed on a day to day basis by the manager who was recently recruited in May 2018 and also manages another day centre.

The Statement of Purpose for the day care service clearly described the nature and range of the services to be provided. The document had been reviewed by the service on 7 January 2018. However, it was noted that the Statement of Purpose was required to be updated to reflect the change in manager, staffing arrangements in two rooms, the use of a keypad system for the front door and a review of terms used to describe the needs of some service users. The Statement of Purpose was reviewed and forwarded to RQIA post inspection and noted to be satisfactory

Discussions with staff evidenced a clear understanding of their roles and responsibilities within the management structure. Feedback from staff evidenced that the manager fulfils their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery.

Discussions with the manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the manager. A review of a sample of records evidenced that staff received quarterly supervision. It was noted that a number of staff required an annual appraisal. A review of records evidenced that the manager had discussed this during staff meetings and a timetable was in place to ensure compliance with requirement for annual appraisal of staff.

The manager advised that staff meetings were held at least quarterly. A review of a sample of staff meetings since the last inspection evidenced that they had a quality improvement focus. Agenda items included various discussions including, an adult safeguarding scenario, review of data protection/ confidentiality issues, and practices deemed as restrictive and additional training needs.

The manager and staff spoken with on the day of inspection confirmed that there are a range of policies and procedures in place to guide and inform staff. Staff are able to access these policies and procedures in paper or electronic format.

The inspector was advised that all staff had received training with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent legislative changes and how they relate to their role.

A complaints and compliments record was maintained in the day centre. There had been three complaints recorded since the previous inspection, all of which had been managed

appropriately. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Discussions with the manager confirmed that a robust complaints management process is in place within the setting which is overseen by the WHSCT complaints department. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose. A monthly audit of the complaints and compliments record was undertaken as part of the monthly quality monitoring visit.

Monthly and annual quality monitoring reports are completed by the service and were available for inspection. These records demonstrate that at appropriate intervals there is evidence of monitoring, auditing and reviewing of the effectiveness and quality of care delivered to service users. The day care settings annual report was available for April 2017 to March 2018. The regulation 28 monthly quality monitoring visits were available to be examined since the last inspection. Four quality monitoring reports were sampled for June 2018, July 2018, August 2018 and September 2018. The reports evidenced engagement with service users, relatives and service user's representatives with positive feedback noted. Review of the conduct of the agency with evidence of follow up of action plans at subsequent visits was further detailed within the monthly reports. The inspector noted that service users' files are audited at times as part of the monthly monitoring visits; however, it was agreed with the manager that given the areas for improvement identified in section 6.5 that the auditing of care files will be prioritised.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Discussion with two relatives and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Staff comments:

- "We have a great manager, there is an open door policy, could bring up any issues and it would be listen to and followed up on."
- "There is great team work, we all work together and offer support to each other as needed in each group room."

Four returned relatives' questionnaires indicated that respondents were very satisfied that the service was well led. One relative response indicated that they were unsatisfied that the service was well led.

Two returned staff questionnaires indicated that one respondent was very satisfied and one respondent was satisfied that the service was well led.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, staff supervision and appraisal, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicola Cooke, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 December 2018</p>	<p>The registered person shall ensure that the assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Assessments have been updated where required. Assessments have been signed off by the service user, the identified day care keyworker and the registered manager. Where a service user is unable to sign or chooses not to sign this is clearly documented within the service users file and relevant documentation.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 December 2018</p>	<p>The registered person shall ensure that an individual comprehensive care plan is drawn up as the assessment of the service user's needs is carried out, and includes details of:</p> <ul style="list-style-type: none"> <li>• Any personal outcomes sought by the service user;</li> <li>• How information about the service user's living arrangements and lifestyle is used to inform practice;</li> <li>• The daily care, support, opportunities, services and facilities provided to the service user;</li> <li>• How specific needs and preferences of the individual are to be met by the service, including any outreach activity and how it will be managed;</li> <li>• The service user's daily and weekly programme;</li> <li>• The management of any identified risks (including how any safeguarding concerns to or for the service user should be addressed) involved in the delivery of care and support to the service user;</li> <li>• Directions for the use of any equipment used to assist the delivery of care;</li> <li>• The administration of, or assistance with, the management of medicines (Standards 29 to 32);</li> <li>• Transport arrangements to and from the service, which are aimed at maximising independence;</li> <li>• Strategies or programmes to manage specified behaviours, where appropriate, in line with current best practice and relevant policies and procedures (Standard 6);</li> <li>• Progress against objectives and expected outcomes is being achieved, with revised objectives, outcomes and time frames as appropriate; and</li> <li>• How moving on from or leaving the day service will</li> </ul>

be managed.

Ref: 6.5

**Response by registered person detailing the actions taken:**

A comprehensive care plan has been introduced to reflect the following elements: the service users personal outcomes, how their living arrangements and lifestyle inform the plan, their individual care requirements, specific support required, any services and facilities offered, specific guidelines pertaining to the needs and preferences of the service user and how this is provided including any outreach opportunities and the associated management of this. A copy of the service users daily and weekly programme will be illustrated with a clear daily planner in place for the individual service user. Risk management strategies and or the management of safeguarding will be managed in line with current safeguarding policies and procedures and risk management strategies currently used within WHSCT. All staff will be trained in safeguarding/ risk management and will be aware of the processes in place for the management and reporting of same. Service users risks will be identified on an individual basis and documented enabling staff to be clear regarding the risks and management of same thereafter . An emphasis will be placed on the individual care and support required to support the service user and staff - clear guidance will be documented to ensure staff are aware of their role and how to manage associated risks/safeguarding in conjunction with WHSCT policies and procedures . Any equipment used to assist the delivery of the service users care will be recorded with clear guidelines for staff to adhere to. Any medication administration or assistance will be documented with clear, concise instructions for staff to follow as per WHSCT management of medication policy. Service user transport arrangements will be illustrated with an emphasis on promoting independence where applicable. Behavioural support referrals and or plans will be included and referred to in the management of same - staff will be aware of their roles when implimenting behaviour support plan(s). Staff will be aware of and receive training regading the management of behaviours specific to the individual service user as outlined in WHSCT policies and procedures and best practice guidance. Expected service user outcomes and progress will be reviewed with a clear timeframe(s) attached - this will enable progress to be measured or where required revised objectives to be introduced with attached revised timeframe. The care plan will incorporate an element of future planning and give clear guidance regarding the current placement based on individual service user needs and wishes for their future. Associated professional(s) and or services will be identified where required regarding future planning. Clear roles and responsibilities of the multi disciplinary team involvement will be discussed and documented to enable the service user to achieve their desired outcomes for their future.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 7.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that when no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p> <p>Ref: 6.5</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 15.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> All staff in day care are aware of the minimum requirement regarding the recording of notes. Service users notes will reflect a written log to reflect a minimum of at least every five attendances for each service user.</p> <p>The registered person shall ensure that service users' views and opinions about their care and support should be included during their annual care review.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Service users views and opinions will be sought prior to and during the review process. Service users coments will be recorded to reflect their views and opinions of their placement in day care.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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